Bloomington Urban Enterprise Association



Showers City Hall, Room 130 401 N. Morton P.O. Box 100 Bloomington, IN 47402 (812) 349-3805

Loan Application

Checklist:

- □ Completed application, signatures and dated
- ☐ Three years tax returns (audited Financial Statements)
- □ Financial Statements (Global, if applicable)
- □ Copy of Deed to property, if applicable
- □ Offer to Purchase, if applicable
- □ Rent Roll, if applicable
- □ Site Plan
- □ Project specifications/work write up with estimates, if applicable
- □ Zoning compliance/approval letter, if applicable
- □ Pro Forma Operating Budget
- □ Project Timeline

Loan Program Application

The information collected below will be used to determine whether the project qualifies for funding by the Bloomington Urban Enterprise Association. All information will be kept confidential.

Applicant Information:			
Applicant (include the names of all partners):	Phone:		
Applicant Address (include Zip Code):			
Address of the Property (include Zip Code):			
Ownership:			
•			
☐ Individual ☐ Partnership ☐ Corporation (Specify:	•		
)			
☐ Non-Profit Organization ☐ Association (Specify:)		
(Note: If LLC or Partnership, please include Resume and Personal Fina			
	metal Statements for all partners.)		
Federal ID No.:			
Year of incorporation: Length of time at the	nis location:		
Contact Person: Tel: ()			
Please give a brief description of your business/organization:			
r lease give a offer description of your business/organization.			
Have you participated in any Zone tax incentives? ☐ Yes ☐ No			
If so, which ones?			
Project Description:			
Requested amount of BUEA funds \$			
Will this project impact the:	one		
□ Physical environment of the Zon			
Social environment of the Zone	-		

Economic Impact:	Social Impact:		
Total number of jobs at location:	Total number monthly participants:		
Number of new jobs added from project:	Total number of monthly participants who live in the Zone:		
Average wages for all jobs:	Will this funding help you offer:		
Average wages for new jobs:	Educational opportunities		
Are the new jobs: FT (#) PT (#)	☐ Job training ☐ Youth development		
Do these new jobs have benefits: \square Yes \square No	HealthcareSelf-sufficiency programs		
Please describe:	Please attach information on your evaluation/outcome measurement tool and colleted data.		
Physical Impact:			
Cost of acquisition: \$	Please estimate how BUEA funds will be spent:		
Is this property historically eligible?	Acquisition: \$		
Have you hired a contractor:	Renovate interior: \$		
If so, who?	Renovate exterior: \$(non-façade)		
Address:	Renovate façade: \$		
Will the contractor or subcontractors be Zone businesses?	Site improvements: \$		
If so, list:	Other (describe): \$		
Will this project be for property acquisition or rehabilitation? ☐ Yes ☐ No			
Please list all existing or pending loans, grants or other funding on 1.			
Type: Loan Grant Other (· · · · · · · · · · · · · · · · · · ·		
2			
Type: Loan Grant Other (
3 Other (
4			
Type: Loan Grant Other () Status:		
	Total \$		

Total Estimated Cost of Project:	Do you have clear title to the property?		
	☐ Yes ☐ No		
Do you intend to apply for:	Answer for all partners:		
	Have you ever defaulted on a job/loan?		
Local Tax Abatement:	Yes No		
Tax Credits:	2. Have you been adjudged bankrupt?		
Other Assistance: \square Yes \square No	Yes No		
Specify:	3. Have you ever been debarred from the State or		
	Federal contractor construction listing?		
	Yes No		
Have you discussed this project with the City Planning Department date of meeting.	nt? If yes, please attach copy of approval letter. If no, please specify		
☐ Yes ☐ No (Meeting date:)		
Planning and Implementation Phase:			
Is the property zoned for your intended use?	Is the property already served by public utilities?		
☐ Yes ☐ No	☐ Yes ☐ No		
If you answered "No" to any of the above questions,	please explain.		
	•		
Is this project designed for ADA? ☐ Yes ☐ No			
If no, please explain.			
Will this site require any variances or Plan Commiss	ion (BZA Board of Public Works CBII) approval?		
Will this site require any variances or Plan Commission (BZA, Board of Public Works, CBU) approval? Yes No Please explain.			
a res a no riease expiani.			
Have you developed a site plan (including parking)?			
Yes No If No, when			
(If yes, attach copy of site plan.)			
Construction Phase:			
Contractor's name & address:			
Estimated construction start date:	Estimated construction completion date:		
Please attach a construction progress flow chart.			
I hereby certify that the information provided in this	application and in support of this application is given		
for the purposes of obtaining financial assistance from			
(BUEA) and is true and complete to the best of my k			
(2021) and is the and complete to the best of my k			
Applicant	Date		
	2 410		
Applicant	Date		

Authority to Verify Credit Information

This is your authority to verify my personal and business bank accounts, employment, outstanding debts, including any present or previous loans/mortgages, to order a consumer credit report, a Dunn & Bradstreet Report, and to make any other inquiries pertaining to my qualification for a loan/mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective loan/mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Business Name		DUNS#
Applicant	Date	Social Security Number
Co-Applicant	Date	Social Security Number